

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
(703) 305-5403

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE
								APPLICANT(S)	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		2					53		
4		0					54		
5		0					55		
6		0					56		
7		0					57		
8		0					58		
9		0					59		
10		0					60		
11		0					61		
12		0					62		
13		0					63		
14		0					64		
15		0					65		
16	1						66		
17			1				67		
18				1			68		
19				1			69		
20				1			70		
21				1			71		
22				1			72		
23				1			73		
24				1			74		
25				1			75		
26				1			76		
27				1			77		
28				1			78		
29				1			79		
30				1			80		
31				1			81		
32			1				82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS			14				TOTAL CLAIMS		